EXHIBIT E

GRIFFEN, Rory "Y35204" (id #389899, [redacted]

Patient

Name	GRIFFEN, RORY (60yo, M) ID# 389899	**Appt. Date/Time**	03/24/2022 01:30PM
DOB	[redacted]	**Service Dept.**	HRCCH_CMG Orthopedics
Provider	PETER MULHERN, MD		
Insurance	Med Contracts: WEXFORD HEALTH SOURCES INC Insurance # : 159319895 Prescription: SURESCRIPTS LLC - This member could not be found in the payer's files. Please verify coverage and all member demographic information.		

Chief Complaint

Transition of Care Encounter
Left Arm pain

NEW PATIENT
patient states 4/2019 he torn bicep repaired today he presents with small lump in area he thinks screw is coming out are of mass is located on left underside of forearm

patient noticed since his cast was taken off in 2019 told doctor nothing was ever done at that time due to COVID
xrays on viewer

Patient's Care Team

Orthopedic Surgeon: PETER MULHERN: 4113 S WATER TWR PL, MOUNT VERNON, IL 62864, Ph (618) 244-9038, Fax (618) 244-9108 NPI: 1417932005

Vitals

BMI: 35.1 03/24/2022 01:37 pm	**Ht:** 5 ft 7 in (170.18 cm) 03/24/2022 01:35 pm	**Wt:** 224 lbs (101.6 kg) 03/24/2022 01:37 pm
Pain Scale: 8 03/24/2022 01:38 pm		

Allergies

Reviewed Allergies
NKDA

Medications

Reviewed Medications

Cymbalta 30 mg capsule,delayed release Take 1 capsule(s) every day by oral route.	03/24/22	entered
latanoprost 0.005 % eye drops INSTILL 1 DROP INTO AFFECTED EYE(S) BY OPHTHALMIC ROUTE ONCE DAILY INTHE EVENING	03/24/22	entered
Lipitor 20 mg tablet Take 1 tablet(s) every day by oral route.	03/24/22	entered
metFORMIN 500 mg tablet Take 1 tablet(s) twice a day by oral route.	03/24/22	entered
metHOTREXate sodium 2.5 mg tablet Take 1 tablet(s) every week by oral route.	03/24/22	entered
Norvasc 10 mg tablet Take 1 tablet(s) every day by oral route.	03/24/22	entered
NovoLIN 70/30 U-100 Insulin 100 unit/mL subcutaneous suspension	02/27/22	filled

GRIFFEN, Rory "Y35204" (id #389899, dob: [redacted]

USE AS DIRECTED

NovoLIN R Regular U-100 Insulin 100 unit/mL injection solution USE AS DIRECTED	01/24/22	filled
Pepcid 20 mg tablet Take 1 tablet(s) twice a day by oral route.	03/24/22	entered
Remeron 30 mg tablet Take 1 tablet(s) every day by oral route.	03/24/22	entered
Tums 200 mg calcium (500 mg) chewable tablet Take by oral route.	03/24/22	entered
Vitamin B12 50 mcg tablet daily	03/24/22	entered
Xopenex HFA 45 mcg/actuation aerosol inhaler Inhale 2 puff(s) every 6 hours by inhalation route.	03/24/22	entered

Vaccines

None recorded.

Problems

Reviewed Problems
- Foreign body granuloma of subcutaneous tissue
- Type 2 diabetes mellitus
- Essential hypertension
- Asthma - Onset: 03/24/2022
- Glaucoma - Onset: 03/24/2022
- Rheumatoid arthritis - Onset: 03/24/2022

Family History

Discussed Family History

Social History

Discussed Social History
Substance Use
Do you or have you ever smoked tobacco?: Former smoker
What was the date of your most recent tobacco screening?: 03/24/2022
Public Health and Travel
Have you recently traveled abroad?: No
In the 14 days before symptom onset, have you had close contact with a laboratory-confirmed COVID-19 while that case was ill?: No
In the 14 days before symptom onset, have you had close contact with a person who is under investigation for COVID-19 while that person was ill?: No
Gender Identity and LGBTQ Identity
First name used: INMATE

Surgical History

Reviewed Surgical History
- Repair of long head of biceps brachii

Past Medical History

Discussed Past Medical History
ARTHRITIS: **Y - Rheumatoid arthritis**
DIABETES, TYPE: **Y - Type 1**
GERD/NAUSEA: **Y**
GOUT: **Y**
HIGH CHOLESTEROL / HYPERLIPIDEMIA: **Y**
HYPERTENSION: **Y**
OSTEOPOROSIS: **Y**
Notes: Asthma, Glaucoma

[redacted]

Screening

GRIFFEN, Rory "Y35204" (id #389899, dob [redacted]

Name	Score	Notes
Morse Fall Scale	0	

HPI

60-year-old right-hand-dominant male who apparently underwent an attempt at left distal biceps tendon repair about 3 years ago. He reports that they did take some of his palmaris longus as a tendon graft so he has multiple scars on his left forearm. He does not recall any specific complications related to the surgery but he was treated with cast immobilization postoperatively and has never quite regained full mobility across the left elbow. He did have some physical therapy performed after the surgery but he always felt that there was a palpable mass on the ulnar aspect of the forearm after he was out of the cast. This has continued to be somewhat sensitive in the times painful for him. He also has noted decreased range of motion in supination after the surgery. He has had a history of diabetes mellitus as well as hypertension. The main complaint today was with this palpable small mass that is in the subcutaneous position on the ulnar aspect of his forearm. I did not have access to the operative report but I am suspicious that they may have used a 2 incision technique to reapproximate the tendon. He did bring some x-rays with him that shows a bone trough in the biceps tuberosity of the radius but he does have a small scar on the opposite side of his forearm so I think that they may have passed the tendon through that trough and attempted fixation through the 2nd incision. The x-rays do not show any other metallic implants however so this was not a biceps button or some type of interference screw.

ROS

Patient reports **visual changes** but reports no dry eyes, no pain in the eyes, no floaters, no sensitivity to light (photophobia), no seeing double (diplopia), and no discharge; **He does have a history of glaucoma as well as cataract and previously was scheduled for eye surgery before COVID.**. He reports no fever, no chills, no night sweats, no significant weight gain, no significant weight loss, no exercise intolerance, normal appetite, and no sleep disturbances: insomnia. He reports no difficulty hearing, no ear pain, no vertigo, and no ringing in the ears (tinnitus). He reports no difficulty smelling, no frequent nosebleeds, and no nose/sinus problems. He reports no sore throat, no difficulty swallowing (dysphagia), no anterior neck pain/tenderness, no unusual taste of foods, no bleeding gums, no snoring, no change in voice, no dry mouth, no mouth ulcers, no oral abnormalities, and no teeth problems. He reports no chest pain, no arm pain on exertion, no shortness of breath when walking, no shortness of breath when lying down, no palpitations, no known heart murmur, no lightheadedness, no calf or jaw pain, and no ankle edema. He reports no cough, no wheezing, no shortness of breath, no rapid breathing, no sputum production, and no coughing up blood. He reports no nausea, no vomiting, not vomiting blood, no abdominal pain, normal appetite, no diarrhea, no constipation, and no heartburn. He reports no pain during urination, no incontinence, no difficulty urinating, no hematuria, no increased frequency, no feelings of urgency, no flank pain, and no urinary tract infections. He reports no muscle aches, no muscle weakness, no muscle cramps, no arthralgias/joint pain, no back pain, no swelling in the extremities, and no difficulty walking. He reports no dry skin, no abnormal mole, no jaundice, no rashes, no discoloration, no excessive facial or body hair (hirsutism), no hair thinning, no growths / lesions, and no excessive sweating. He reports no loss of consciousness, no slurred speech, no weakness, no numbness, no tingling, no tremors, no seizures, no dizziness, no headaches, no memory lapses or changes, no difficulty finding desired words, and no loss of balance or falls. He reports no irritability, no depression, no anxiety, no panic attacks, no sleep disturbances, feeling safe in relationship, no paranoia, and Ino thoughts about suicide. He reports no fatigue, no cold intolerance, no heat intolerance, and no unusual body odor. He reports no bruising, no swollen glands, no clotting problems, and no bleeding disorders. He reports no runny nose, no nasal congestion, no frequent sneezing, no sinus pressure, no itching, and no hives.

Physical Exam

Patient is a 60-year-old male.

Constitutional: General Appearance: **overweight**. Level of Distress: NAD. Ambulation: ambulating normally.

Psychiatric: Insight: good judgement. Mental Status: normal mood and affect and active and alert. Orientation: oriented to time, place, and person. Memory: recent memory normal and remote memory normal.

Head: Head: normocephalic and atraumatic.

Eyes: Lids and Conjunctivae: no discharge or pallor and non-injected. Pupils: PERRLA. Corneas: grossly intact. EOM: EOMI. Lens: clear. Sclerae: non-icteric. Vision: peripheral vision grossly intact and acuity grossly intact.

ENMT: Ears: no lesions on external ear, EACs clear, TMs clear, and TM mobility normal. Hearing: no hearing loss and Rinne AC>BC. Nose: no lesions on external nose, septal deviation, sinus tenderness, or nasal discharge and nares patent and nasal passages clear. Lips, Teeth, and Gums: no mouth or lip ulcers or bleeding gums and normal dentition. Oropharynx: no erythema or exudates and moist mucous membranes and tonsils not enlarged.

Neck: Neck: supple, FROM, trachea midline, and no masses. Lymph Nodes: no cervical LAD, supraclavicular LAD, axillary LAD, or inguinal LAD. Thyroid: no enlargement or nodules and non-tender.

Lungs: Respiratory effort: no dyspnea. Percussion: no dullness, flatness, or hyperresonance. Auscultation: no wheezing, rales/crackles, or rhonchi and breath sounds normal, good air movement, and CTA except as noted. Chest Deformity no pectus excavatum or carinatum; no thoracic deformity, barrel chest, or left sternal bulge; and normal-spaced nipples.

GRIFFEN, Rory "Y35204" (id #389899, [redacted]

Cardiovascular: Apical Impulse: not displaced. Heart Auscultation: normal S1 and S2; no murmurs, rubs, or gallops; and RRR. Neck vessels: no carotid bruits. Pulses including femoral / pedal: normal throughout.

Abdomen: Bowel Sounds: normal. Inspection and Palpation: no tenderness, guarding, masses, rebound tenderness, or CVA tenderness and soft and non-distended. Liver: non-tender and no hepatomegaly. Spleen: non-tender and no splenomegaly. Hernia: none palpable.

Musculoskeletal:: Extremities: **Examination of his lower extremities today was unremarkable. He is walking without any complaints of pain or tenderness without a limp. Motor function is 5/5 in all muscle groups in his neurovascular examination distally is intact bilaterally.**

Evaluating his upper extremities today he has good range of motion around both shoulders. He has a well-healed scar through the antecubital fossa consistent with previous biceps tendon repair and the biceps tendon appears to be palpable within the antecubital fossa. He has good muscle development of his biceps without any defect. He has very good strength with resisted flexion across the elbow and clearly the biceps muscle is functioning to supinate as well as flex the elbow. He does not appear to have any significant tenderness anteriorly but he lacks probably between 5 and 10° of full extension across the elbow and he lacks about 20° of supination as well. There is a palpable mass that is subcutaneous and this is associated with a small scar on the ulnar aspect of the forearm. This is very suggestive to me of a 2 incision technique for delivering the biceps tendon to the radial tuberosity at the time of the original surgery. This small palpable mass is somewhat mobile and tender but does not feel like a screw or any other type of anchor. He has full mobility across both wrists and neurovascular examination to his hands is normal as well. .

Neurologic: Gait and Station: normal gait and station. Cranial Nerves: grossly intact. Sensation: grossly intact and monofilament test intact. Reflexes: DTRs 2+ bilaterally throughout. Coordination and Cerebellum: finger-to-nose intact and no tremor. Motor Strength normal right, left, right facial, and left facial.

Skin: Inspection and palpation: no rash, lesions, ulcer, induration, nodules, jaundice, or abnormal nevi and good turgor. Nails: normal.

Back: Thoracolumbar Appearance: normal curvature.

Assessment / Plan

I did review the x-rays of his left forearm and the only abnormality really is the bone trough that was made in the bicipital tuberosity of the radius proximally. Otherwise there are no metallic implants or bone abnormalities. On his clinical examination there is definitely something that is palpable in the subcutaneous tissue on the ulnar aspect of his forearm and he does have a well-healed scar in that location so I am thinking that they used a 2 incision technique in order to pass the biceps tendon through the radius for reattachment purposes. Clinically the biceps tendon repair appears to be intact as the biceps is palpable in the antecubital fossa and he does have good muscle tone in his biceps and ability to flex the arm at the elbow wth reasonable strength. I explained to him that the loss of full extension and some supination is consistent with that type of surgery and subsequent immobilization after the surgery. I do not believe that these are recoverable at this time and he is not really having a significant amount of pain or weakness in the elbow. I have discussed with him the possibility of excising this small mass /cyst on the ulnar aspect of the forearm because it has been sensitive and bothersome if he tries to apply any pressure to that part of his forearm. Otherwise I have advised him that the outcome from the biceps repair has been very good although not excellent because he has lost some of the mobility in extension and supination. As long as we can get approval for this minor outpatient procedure we will proceed with excision of this presumed foreign body granuloma from left forearm.

1. **Essential hypertension**
   I10: Essential (primary) hypertension

2. **Type 2 diabetes mellitus**
   E11.9: Type 2 diabetes mellitus without complications

3. **Glaucoma**
   H40.9: Unspecified glaucoma

4. **Rheumatoid arthritis**
   M06.9: Rheumatoid arthritis, unspecified

5. **Foreign body granuloma of subcutaneous tissue**
   L92.3: Foreign body granuloma of the skin and subcutaneous tissue

[redacted]

Return to Office

Patient will return to the office as needed.

Encounter Sign-Off

Encounter signed-off by Peter Mulhern, MD, 03/24/2022.

Encounter performed and documented by Peter Mulhern, MD

GRIFFEN, Rory "Y35204" (id #389899, [redacted]

Encounter reviewed & signed by Peter Mulhern, MD on 03/24/2022 at 4:01pm

Screening: Morse Fall Scale

History and Physical Update

I have reviewed the H&P and re-examined the patient and have found the following:

No changes exist ☐

The following changes exist ☒

Peter J Mulhern MD 4/19/22 0720

Physician Signature Date Time

GRIFFEN RORY HSV: SOP
DOB: 05/08/1961 AGE: 60 SEX: M
ADMIT: 04/19/22 RM/BED: V#SDS/04
ATT: MULHERN PETER #: 32005
MR #: 000407298 PAT #: 3961237

Heartland Regional Medical Center
Department of Pathology
3333 W. DeYoung
Marion, IL 62959
Phone: 618-998-7865 Fax: 618-998-7903

PATHOLOGY REPORT

Name: GRIFFEN, RORY
MRN: 0407298
Account #: 003961237
Service Code:
DOS:
[redacted]
Sex: M

Dictated By: SASI, MAYA MD
Attending Physician: ,
Primary Care Physician: ,

ACCESSION #: MC22-0963
CROSSROADS COMMUNITY HOSPITAL
SURGEON: Peter Mulhern, MD
CLINICAL HISTORY: Foreign body granuloma, left forearm.
PROCEDURE: Removal, foreign body granuloma, left forearm.
SPECIMEN: Foreign body granuloma, left forearm.
COLLECTED: April 19, 2022
RECEIVED: April 19, 2022

DIAGNOSIS:
SOFT TISSUE, LEFT FOREARM, EXCISION:
- BENIGN FIBROFATTY TISSUE AROUND GROSSLY NOTED FOREIGN BODY.
- NO ATYPIA SEEN.

GROSS:
Received in formalin and labeled with the patient's name and "foreign body granuloma, left forearm" is a grayish-tan irregular structure, which appears to have two tails. It measures overall 2.0 x 0.9 x 0.4 cm. One aspect of the specimen appears to be made of synthetic material. The portions of soft tissue are submitted. RPE 1 block.

Professional services performed by MedCore Diagnostics, PLLC
at 3333 W DeYoung, Marion, IL 62959
CLIA#45D2134704

PATHOLOGY REPORT

Name: GRIFFEN, RORY
MRN: 0407298
Account #: 003961237

[redacted]

MICROSCOPIC DESCRIPTION:
Performed.
CPT CODE:
88305 x1.

This document is electronically signed by: Maya Sasi, MD on 04/20/2022 11:30:33

COPIES:
PETER MULHERN, MD
FAX: 833-916-2042

D: 04/19/2022 19:31:00
T: 04/19/2022 21:01:07
R:
S Job #: 953573858
D Job #: 834157
MT: AQS

Professional services performed by MedCore Diagnostics, PLLC
at 3333 W DeYoung, Marion, IL 62959
CLIA#45D2134704

Procedure Note

Crossroads Community Hospital

Name	Griffen, Rory	Date of Service	Apr-19-2022 1207	[redacted]	
Attending	MULHERN PETER MD	Admitted	Apr-19-2022	Encounter	3961237
Primary	-	Discharged	Apr-19-2022	MRN	407298

Procedure / Surgery

None

Excision of Suture Granuloma Left Forearm

Pre-Procedure Diagnosis

Foreign Body Granuloma Left Forearm

Post- Procedure Diagnosis

Suture Related Granuloma Left Forearm

Procedure Description / Findings

60-year-old right-hand-dominant male who has previously undergone a 2 incision repair of his left distal biceps tendon rupture. The only real complication from that surgery was some loss of a few degrees of full extension across the elbow but he has been able to maintain good pronation and supination. At the site of the 2nd incision on the posterolateral aspect of the left forearm he has noted a tender somewhat mobile mass in the subcutaneous tissues; this was felt to represent a reaction around the nonabsorbable suture that was used with the original repair. Because this has been persistently tender for him it was elected to proceed with removal of this foreign body granuloma which was assumed to be secondary to the nonabsorbable suture placement.

He was brought to the operating room on 04/19/2022 and placed in the supine position on the operating table where he underwent successful induction of general anesthesia without complication. A tourniquet was applied to the left upper arm and the left hand, wrist and forearm were prepped all the way to just above the elbow. Appropriate time-out was completed before the procedure.

An Esmarch bandage was used to exsanguinate the left upper extremity and the tourniquet was inflated to 250 mm. He had a palpable mass associated with the previous scar on the posterolateral aspect of his left forearm proximally. This would have been consistent with the nonabsorbable suture placement used for repair of the biceps tendon to the bicipital tuberosity of the proximal radius. A longitudinal incision was made through the well-healed scar and carried down only through the subcutaneous tissue to identify this mass. This was dissected free from the surrounding subcutaneous tissue and clearly penetrated the fascia overlying the muscle. The fascia was then opened in the direction of the incision and blunt dissection was used to free the nonabsorbable suture material and granuloma from the surrounding muscle tissue all the way down to the level of the bone. The suture was then amputated at the level of the bone and the granuloma was removed and submitted as a pathological specimen.

At that point the wound was irrigated and the fascia overlying the muscle was reapproximated with 2.0 Vicryl interrupted simple sutures. This closed the fascial layer completely over the muscle. The subcutaneous tissue was then closed with same 2.0 Vicryl interrupted simple sutures and the skin was closed with running 4.0 nylon sutures. Sterile dressings were applied across the incision; all sponge, instrument and needle counts were correct at the close of the surgery. The tourniquet was released after a total 24 minutes with good vascular return to the hand; he was then transported to the recovery room without complication.

Anesthesia Type

General anesthesia

Specimens

Suture Granuloma

Procedure Verfication

Patient identity confirmed before operative/invasive procedure, Procedure time out, Verification of surgical site/laterality, Verification of surgical device count

Estimated Blood Loss

Procedure Note

Crossroads Community Hospital

Name	Griffen, Rory	Date of Service	Apr-19-2022 1207	[redacted]	
Attending	MULHERN PETER MD	Admitted	Apr-19-2022	Encounter	3961237
Primary	-	Discharged	Apr-19-2022	MRN	407298

None

Complications

None

Disposition of Patient

to PACU

Electronically signed by MULHERN PETER MD on Apr-19-2022 1225